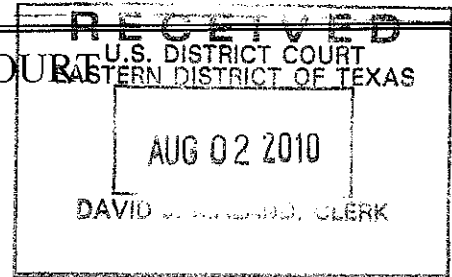


AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas



ADJUSTACAM LLC

*Plaintiff*

v.

AMAZON.COM, INC., et al.

*Defendant*

Civil Action No. 6:10-cv-00329

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* MACE GROUP, INC.  
By and through it's registered agent:  
KEE PYNG CHEN  
255 W WISTARIA AVE  
ARCADIA, CA 91007

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Andrew W. Spangler  
Spangler Law P.C.  
208 N. Green Street, Suite 300  
Longview, Texas 75601

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 7/7/10



CLERK OF COURT

*David Malone*

*Signature of Clerk or Deputy Clerk*

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 6:10-cv-00329

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Mace Group, Inc.  
was received by me on *(date)* 07/16/2010.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: Served certified mail, RRR #7009 2250 0002 8916 9518.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 07/22/2010

  
\_\_\_\_\_  
*Server's signature*

Elisha Calhoon - Certified Paralegal  
\_\_\_\_\_  
*Printed name and title*

208 N. Green Street, Suite 300  
Longview, Texas 75601  
\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only. No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**ARCADIA, CA 91007**

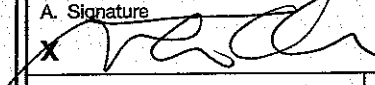
Postage	\$	\$2.41
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$7.51</b>

0691 DOWNTOWN STA  
JUL 12 2010  
Postmark Here  
USPS  
07/12/2010

**OFFICIAL USE**

Sent To: VACE GROUP, INC.  
 By and through it's registered agent:  
 Kee Pyng Chen  
 255 W. Wistaria Ave.  
 Arcadia, CA 91007

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>VACE GROUP, INC.            By and through it's registered agent:            Kee Pyng Chen            255 W. Wistaria Ave.            Arcadia, CA 91007</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery            7/16/10</p>
<p>2. Article Number            (Transfer from service label) 7009 2250 0002 8916 9518</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

102595-02-M-1540